OSE-10 (2/84)

State of Michigan
DEPARTMENT OF MANAGEMENT AND BUDGET
OFFICE OF STATE EMPLOYER

EMPLOYEE RECALL FORM

Instructions on reverse side.　　**(Bargaining Unit Classes Only)**　　Date:_____

SECTION ONE

A	Social Security Number	Dept. and Agency No.	Sex/Race	Name　(Last)	(First)	(M.I.)

Street Address	City	State	Zip Code	Area Code	Phone Number

SECTION TWO

Layoff Class -- Title/Level

10 Class Code	47 Seniority	60 Empl. Types F	83 Employment Locations
104 Layoff Date		157 Layoff Expiration	137 KSA

Additional Classes -- Title/Level

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White:　To Civil Service, Central Processing Unit
Canary:　To preparer's files.

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Preparer's Signature